

HOUSE _____ AMENDMENT NO. ____

Offered By

AMEND House Substitute for Senate Substitute Number 2 for Senate Bill 695, section 208.015, page 3, lines 7-13 by deleting all of said lines; and

Further amend said bill, section 208.151, page 13, line 10 by inserting after the word "level" on said line the following:
"Notwithstanding any other provision of law to the contrary, if in any given fiscal year moneys are not appropriated for coverage of medical assistance for persons whose income, calculated using less restrictive income methodologies, as authorized in 452 U.S.C. section 1396 (r)(2), exceeds eighty percent of the federal poverty level, those persons will not be eligible for old age assistance benefits, permanent and total disability benefits, or aid to the blind benefits in that fiscal year."; and

Further amend said bill, section 208.151, pages 13 and 14, lines 20 through 25 on page 13, and lines 1 through 3 on page 14 by deleting all of said lines and inserting in lieu thereof the following:

"disability benefits shall not be limited by age."; and

Action Taken _____

Date _____

Further amend said bill, section 208.152, page 20, lines 7-14, by deleting all of said lines and inserting in lieu thereof the following:

"(a) Effective July 1, 2003, any policy not already in existence imposing restrictions of payment for services authorized under subdivision 9 of subsection 1 of this section, including but not limited to prior authorization or preferred drug lists, shall only be implemented by rules and regulations pursuant to chapter 536, RSMo. Clinical edits and step therapy shall be considered a form of prior authorization for purposes of the rule making process.

(b) The department may conduct negotiations for supplemental rebates with individual manufacturers and such negotiations shall not have any predetermined discount levels.

(c) Notwithstanding any other provision of law, information disclosed by manufacturers or wholesalers pursuant to this chapter, or under an agreement with the division, is confidential and shall not be disclosed by the division or any other state agency or contractor therein in any form which discloses the identity of a specific manufacturer or wholesaler or the prices charged for drugs by such manufacturer or wholesaler, except to permit the state auditor to review the information provided in the division of medical services for rebate administration. "

Further amend said bill, section 208.152, page 29 and 30, lines 17 through 25 on page 29 and line 1 on page 30 by deleting all of said lines and inserting in lieu thereof the following:

"the state for goods or services described herein; except that, any payments made by recipients for nonemergency medically necessary transportation under this section shall be a credit against any payments owed by the state for such services. In the event a vendor of nonemergency medically necessary transportation

Action Taken _____

Date _____

does not receive co-payments pursuant to this section, then the vendor is not obligated to provide such services. If the vendor provides such services pursuant to orders of a court, or is mandated by the division of medical services or its successor, the vendor shall receive payments equal to the amounts of services rendered pursuant to the agreement with the division of medial services or its successor for such services."; and

Further amend said bill, section 208.154, pages 31 and 32, lines 17 through 25 on page 31 and lines 1 through 6 on page 32 by deleting all of said lines and inserting in lieu thereof the following:

"208.154 [If the funds at the disposal or which may be obtained by the division of family services] 1.Notwithstanding any other provision of law to the contrary, [for the] payment of public assistance [money payment] benefits pursuant to section 208.015, RSMo, or the payment of medical assistance benefits pursuant to section 208.62, RSMo, may only be provided if appropriations are made available for such benefits.

2. If the funds available to the department of social services and its divisions for the payment of benefits pursuant to sections 208.015 and 208.162, RSMo [or to or on behalf of any person for medical assistance benefits] shall at any time become insufficient to pay the full amount thereof, the amount of any such [type of] payment [to or on behalf of each of such persons] shall be reduced pro rata [in proportion to such deficiency in the total amount available or to become available for such purpose].

3. If in any given fiscal year moneys are not appropriated to fund the benefits in sections 208.015 or 208.162, RSMo, such benefits shall not be provided and persons otherwise eligible for benefits will no longer be deemed eligible for such benefits

Action Taken _____

Date _____

during that fiscal year.

4. Resources available shall be documented by the moneys appropriated by law for the purposes described in this section, less actions by the governor pursuant to article IV, sections 26 and 27 of the Missouri constitution, and section 33.290, RSMo.";
and

Further amend said bill, section 208.640, page 40, line 7 by inserting after all of said line the following:

"4. Any co-payments for which participants are responsible pursuant to this section shall be a credit against any payments owed by the state for such services, except that if such copayment is not paid by the participant, the state shall pay the amount of the credit to the provider if a claim is made to the division of medical services as outlined in subdivision c of subsection 5 of this section.

5. If a mandatory co-payment is not paid, the provider may:

- a. Forego the co-payment; or
- b. Make arrangements for future payments with the recipient; or
- c. The provider shall make reasonable efforts to collect copays. After said efforts, the provider may file a claim with the division of medical services to report the non-payment and secure payment for the service from the division of medical services.

6. When the division of medical services receives a claim from a provider for non-payment of a mandatory co-payment, the division shall send a notice to the recipient. Such notice shall:

- a. Request the recipient to reimburse the division of medical services for the mandatory co-payment made on the recipient's behalf;
- b. Request information from the recipient to determine whether the mandatory co-payment was not made because of a change in the financial situation of the family; and

Action Taken _____

Date _____

c. Advise the recipient of the possible loss of coverage under the program for up to six months if the recipient fails to provide three co-payments within a one-year period. The director of the department of social services shall apply to the United States Secretary of Health and Human Services for all waivers of requirements under federal law necessary to implement the provisions of this subdivision."; and

Further amend said title, enacting clause, and intersectional references accordingly.

Action Taken _____

Date _____